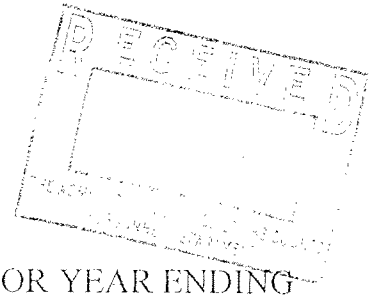


**FILED**

JAN 14 2008

Administrative Office  
of the Courts



JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING

DECEMBER 31, 20 07

**GENERAL INFORMATION**

**RECEIVED**

JAN 17 2008

**COMMISSION  
ON ETHICS**

1. Name CAROL A. NELSEN
2. Title Justice of the Peace
3. Mailing address PO Box 763  
Lovelock, NV 89419
4. Length of residence in Nevada 38 years
5. County in which you are registered to vote Pershing
6. Length of residence in the county in which you are registered to vote 38 years

**COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES**

7. Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additional sheets if necessary.

<i>Date</i>	<i>Nature and Place of Activity</i>	<i>Name of Payor</i>	<i>Amount</i>
<u>None</u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

**INCOME**

8. Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii). Attach additional sheets if necessary.

<i>Source of Income</i>	<i>Recipient</i>
<u>Wages - Pershing County</u>	<u>Carol A. Nelsen</u>
<u>PERS benefit</u>	<u>Maurice A. Nelsen</u>
<u></u>	<u></u>
<u></u>	<u></u>

**REAL PROPERTY**

9. Disclose the specific location, nature, and particular use of any real estate which has a fair market value of \$2,500 or more, other than your personal residence, in which you or a member of your household has a legal or beneficial interest, and is located in Nevada or any adjacent state. *See Canon 4I(2)(a)(iv).* Specific addresses are required – list the street address or legal description. You must designate whether the property is unimproved vacant land, agricultural land, commercial building, apartments, single-family, rental, etc. Attach additional sheets if necessary.

<i>Specific Location</i>	<i>Nature/Particular Use</i>	<i>Interest Holder</i>
1465 Elmhurst Ave Lovelock, NV	Family member residence	Maurice & Carol Nelsen
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CREDITORS**

10. Disclose the name of each creditor to whom you or a member of your household owes \$5,000 or more unless: (a) the debit is secured by a mortgage or deed of trust on real property which is not required to be listed under question 9 above, or (b) the debt is one for which a security interest in a motor vehicle for personal use was retained by the seller or its assignee or designee. *See Canon 4I(2)(a)(v).* Attach additional sheets if necessary.

<i>Name of Creditor</i>	<i>Name of Debtor</i>
None	_____
_____	_____
_____	_____
_____	_____
_____	_____

**BUSINESS ENTITIES**

11. List each business entity in which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner (in whole or in part), limited or general partner, or holder of any class of stock or security representing one percent or more of the total outstanding stock or securities issued by the business entity. *See Canon 4I(2)(a)(vi).* Attach additional sheets if necessary.

<i>Business Entity</i>	<i>Nature of Involvement</i>	<i>Person Involved</i>
None	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

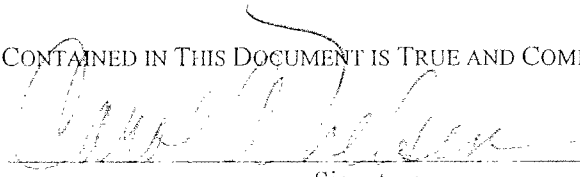
**GIFTS, BEQUESTS, FAVORS, OR LOANS**

12. Disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you or to a member of your family residing in your household if its value exceeded \$200, unless this disclosure is not required by Section 4D of the Code of Judicial Conduct. *See especially* Canon 4D(5)(h) and 4I(2)(a)(vii). Attach additional sheets if necessary.

<i>Date</i>	<i>Name and Place of Gift</i>	<i>Name of Donor</i>	<i>Amount</i>
None			

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

January 10, 2008  
Date

  
Signature

File this form with the State Court Administrator.

Deliver or mail to:

**State Court Administrator  
Administrative Office of the Courts**

Telephone: (775) 684-1700